Adulteration of Ghee

†1111. SHRI HARISH RAWAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that imported palm oil is being used for making ghee and the same is being sold in the name of branded pure ghee; and

(b) if so, the quantity of such palm oil being used for making ghee and the steps Government propose to take to check the same?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) As per the information made available by the Food (Health) Authorities of states/Union Territories, so far, no such specific report has been received that Palm Oil is being used for making desi ghee.

The provisions of the Prevention of food Adulteration Act, 1954 & Rules framed thereunder are implemented by the Food (Health) authorities of the States/Union Territories through their enforcement staff, who draw random samples of various articles of food including ghee regularly. Appropriate action is taken against the offenders under the provisions of the Prevention of food Adulteration Act, 1954.

The Food Health Authorities of the States/UTs are advised from time to time to keep a strict vigil including launching of special drive on the quality of food articles including 'ghee' sold in the markets.

Strike by Chemists Supplying Medicines to the CGHS Dispensaries

1112. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Delhi Chemists supplying medicines to CGHS dispensaries against indents on day to day basis were on strike during March, 2004;

(b) if so, the duration of the strike and the reasons therefor;

(c) what are the contractual obligations of the chemists and Government under the scheme;

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†Original notice of the question was received in Hindi.

(d) how often these chemists were on strike during the last three years and who was responsible for breach of contract on each occasion; and

(e) the specific action taken by Government to avert such strikes which cause hardship to CGHS cardholders, particularly, the pensioners?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Yes, Sir.

(b) The Authorised Local Chemists of CGHS Delhi were on strike from 8-3-2004 to 4-4-2004. The reason for the strike cited by the Authorised Local Chemists is late payment of their bills by the CGHS Directorate.

(c) to (e) The authorised local chemists of CGHS Delhi went on strike in the last three years during the following period:—

1. 21.1.2002 to 25.1.2002
2. 1.4.2002 to 12.4. 2002
3. 1.11.2002 to 9.1.2003
4. 8.3.2004 to 4.4.2004

The conditions given in the Tender document for appointment of authorised local chemists under CGHS *inter alia* states that in case of failure or refusal on the part of the CGHS authorised local chemist to supply the medicines to the beneficiaries, the contract is liable to be terminated/cancelled at suppliers risk and cost and any extra cost involved in arranging supply from alternative source would be recovered from the said authorised local chemist. The conditions also stipulate that payments by the CGHS against the bills preferred by the authorised chemists, within the prescribed time and in complete form, would normally be arranged within three to four weeks from the date on which the bills are presented to the CGHS. However, the authorised chemist shall make no claim against the CGHS by way of interest or damages incase the payment is delayed for any reason beyond the control of the Govt.

Efforts are made by the CGHS to clear the pending dues of the authorised chemists as early as possible. Occasionally, delay does occur in making payment to the authorised chemists due to reasons of administrative exigencies, budgetary constraints, etc.

Sometimes, due to paucity of funds near the end of the financial year, additional funds are sought for clearing the bills of the CGHS Authorised Local Chemists.

Opening Medicine Shops In Rural Areas

1113. SHRI K. RAMA MOHANA RAO:
SHRIMATI VANGA GEETHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that only ten per cent of villages in the country have medicine shops; and

(b) if so, the action proposed to issue more licences for opening new medicine shops in rural areas only?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Under the Drugs and Cosmetics Act 1940 and rules made thereunder the responsibility of granting sale licences to medicine shops for sale of drugs rests with Licensing Authorities appointed by the State Governments. The availability of a medicine shop in a particular village/area generally depends upon its economic viability in terms of sales and presence of medical practitioners in that area who prescribe drugs.

(b) There is no restriction under the law for opening medicine shops in rural areas. The rules allow for an itinerant vendor to establish a shop in a village or town having population of five thousand or less, for sale of limited categories of drugs without the services of a registered pharmacist and the fee for such a licence is Rs. 10/- only. The said rules further provide for sale of certain house hold remedies without a sale licence in a village having population of not more than one thousand persons provided there is no licensed dealer in such a village under the Act.

Recommendation of Drugs Consultative Committee

1114. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Drugs Consultative Committee had recommended for a centralized regulatory system to deal with technical, legal and lab-related aspects of this sector;